



**Merinda Park Learning & Community Centre Inc**

A0028764B

ABN 69 093 616 835

Melways Ref. 129 F8

RTO 3952

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Web: [www.merindapark.com.au](http://www.merindapark.com.au)

2019.v2

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USI \_\_\_\_\_

**SECTION A: COURSE DETAILS – TO BE COMPLETED BY INTERVIEWING STAFF MEMBER ONLY**

Name of Interviewer: \_\_\_\_\_

Cert Level	Course Code	Course Name	Day/Night	Length of Course	Start Date	Funding source	Venue of course

**SECTION B: ENROLMENT FORM**

Check the course details on Merinda Park Learning & Community Centre website at [www.merindapark.com.au](http://www.merindapark.com.au). Complete all questions, sign and date the application form. Please use BLOCK LETTERS and tick the appropriate boxes. Submit the completed form with all required supporting documentation.

Have you previously been enrolled at Merinda Park Learning & Community Centre?    Yes     No

Have you previously studied part of your selected course(s) at another institution?    Yes     No

Are you currently enrolled in any other accredited courses?    Yes     No

**PERSONAL DETAILS (Legal name must be the name you use to obtain a USI)**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_    Gender  Female     Male     Indeterminate/Intersex/Unspecified

Title - Mr, Mrs, Miss, Ms, Dr    *(Please circle)*     Single / one (1) name only

Legal Given Names including middle names (required for USI) : \_\_\_\_\_

Legal Family Name: \_\_\_\_\_

**Home Address where student usually resides (must be in Victoria)**

Building/Property Name: \_\_\_\_\_

Street number and name of street \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_ State/Territory: \_\_\_\_\_

**Contact Information**

Home Phone No: \_\_\_\_\_ Work No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Postal Address**

Same as home address    Yes     No  (if No, please complete details below)

Building/Property Name: \_\_\_\_\_

Number and Street Name \_\_\_\_\_

PO Box or Roadside Delivery Box: \_\_\_\_\_

Town/Suburb \_\_\_\_\_ Postcode: \_\_\_\_\_

**Country and Town/City of Birth**

Were you born in Australia?    Yes     No  (see below)

If no, what is your country of birth? \_\_\_\_\_

What is your Town/City of birth \_\_\_\_\_ (not Country or State) (for USI purposes)

## Citizenship

Please tick one of the following:

- Australia  Australian citizen (includes citizens with dual certificates)  
 New Zealand  New Zealand citizen  New Zealand citizen with Australian permanent residency  
 Other countries  Citizen of country other than Australia or New Zealand **with** Australian Permanent residency

Country of citizenship: \_\_\_\_\_

Visa sub-class number (from your passport): \_\_\_\_\_

Type of visa (if known): \_\_\_\_\_

- Citizen of country other than Australia or New Zealand **without** Australian permanent residency

## Language and Cultural

Are you Aboriginal or Torres Strait Islander origin?

- No  Yes  Aboriginal descent Yes  Torres Strait Islander descent  Both

Do you speak a language other than English at home?  No, English only  Yes

If yes, what language is spoken at home? \_\_\_\_\_  No

How well do you speak English? (please tick) Very well  Well  Not well  Not at all

## Disability

Providing information about a disability will not disadvantage your application. This information is collected to ensure that the Centre provides appropriate information on the support services available to students. This information is also collected for statistical and planning purposes.

No  (proceed to next section)

Yes  (please tick one or more of the following):

- Hearing/Deaf  Intellectual  Mobility  Learning  Visual  Allergy  
 Acquired Brain Impairment  Physical  Mental Illness  Medical Condition  Epilepsy  
 Allergy (please specify & treatment) \_\_\_\_\_

Other (please specify): \_\_\_\_\_

## Schooling

What is your highest COMPLETED school Level? (Tick one box only)

- Completed Year 12  Completed Year 11  Completed Year 10  Completed Year 9 or equivalent  
 Year 8 or lower  Never attended school

In which year did you complete that school level? \_\_\_\_\_ Where was it completed? \_\_\_\_\_

**Are** you still attending Secondary School? Yes  No  Details of final or current year of attendance \_\_\_\_\_

Year: \_\_\_\_\_ Name of School or VET provider \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ VSN No \_\_\_\_\_

## Previous Qualification Achieved

**Have** you SUCCESSFULLY completed any of the following qualifications?  Yes (tick applicable boxes) or  No

If Yes, please enter one of these Prior Education Achievement Recognition Identifiers, any applicable qualification level. A – Australian E – Australian equivalent I – International Note: if you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A – Australian 2. E – Australian equivalent 3. I – International	A E I
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree or Higher Degree
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma (or Associate Diploma)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III (or Trade Certificate)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate other than the above

## Job Seeker

Are you a registered Job Seeker  No  Yes Job Seeker Number: \_\_\_\_\_

## Employment

**Of the following categories, which BEST describes your current employment status (tick only one box)**

**Employment Category:** Please tick

- |   |   |
|---|---|
| 01 <input type="checkbox"/> Full time employee                            | 06 <input type="checkbox"/> Unemployed – seeking full time work   |
| 02 <input type="checkbox"/> Part time employee                            | 07 <input type="checkbox"/> Unemployed – seeking part time work   |
| 03 <input type="checkbox"/> Self-employed – not employing others          | 08 <input type="checkbox"/> Not Employed – not seeking employment |
| 04 <input type="checkbox"/> Self employed – employing others              |   |
| 05 <input type="checkbox"/> Employed – unpaid worker in a family business |   |

**Which of the following classifications BEST describes your current or recent occupation? (tick only one box) (If never employed go to "Study Reason" section).**

**Employment Category:** Please tick

- |  |   |
|--|---|
| 01 <input type="checkbox"/> Manager                              | 06 <input type="checkbox"/> Sales Workers                 |
| 02 <input type="checkbox"/> Professionals                        | 07 <input type="checkbox"/> Machinery Operators & Drivers |
| 03 <input type="checkbox"/> Technicians and Trade Workers        | 08 <input type="checkbox"/> Labourers                     |
| 04 <input type="checkbox"/> Community & Personal Service Workers | 09 <input type="checkbox"/> Other                         |
| 05 <input type="checkbox"/> Clerical & Administrative Workers    |   |

**Which of the following classifications BEST describes the Industry of your current or previous Employer? (tick only one box) (If unemployed go to next section). Could be a previous or recent employer even if now unemployed.**

**Employment Category:** Please tick

- |   |  |
|---|--|
| A <input type="checkbox"/> Agriculture, Forestry & Fishing          | K <input type="checkbox"/> Financial & Insurance Services                |
| B <input type="checkbox"/> Mining                                   | L <input type="checkbox"/> Rental, Hiring & Real Estate Services         |
| C <input type="checkbox"/> Manufacturing                            | M <input type="checkbox"/> Professional, Scientific & Technical Services |
| D <input type="checkbox"/> Electricity, Gas, Water & Waste Services | N <input type="checkbox"/> Administrative & Support Services             |
| E <input type="checkbox"/> Construction                             | O <input type="checkbox"/> Public Administration & Safety                |
| F <input type="checkbox"/> Wholesale Trade                          | P <input type="checkbox"/> Education & Training                          |
| G <input type="checkbox"/> Retail Trade                             | Q <input type="checkbox"/> Health Care & Social Assistance               |
| H <input type="checkbox"/> Accommodation & Food Services            | R <input type="checkbox"/> Arts & Recreation Services                    |
| I <input type="checkbox"/> Transport, Postal & Warehousing          | S <input type="checkbox"/> Other Services                                |
| J <input type="checkbox"/> Information Media & Telecommunications   |  |

## Victorian Student Number

To be completed by all students aged up to 24 years. Do you have a Victorian Student Number (VSN)?  Yes  No

Since 2009 in schools and since 2011 for Vocational Education and Training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Student who are enrolling for the first time since the VSN was introduced will get a new VSN.

Enter your Victorian Student Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	No more questions if you provided your VSN.
Have you attended any Victorian School since 2009 or done any training with a Vocational Education and Training (VET) registered training organisation or an Adult Community Education provider in Victoria since 2011?	<input type="checkbox"/> No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. <i>No more questions if you answer No above.</i>
	<input type="checkbox"/> Yes – I have attended a Victorian school since 2009. Most recent Victorian school attended: ..... And/or <input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011.
	List the most recent training organisation with which you have participated in training in Victoria since 2011 (list up to 3 training organisation) 1. .... 2. .... 3. ....

## Unique Student Identifier (USI)

From 1 January 2015 MPLCC can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a USI. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device or provide your information to MPLCC to obtain your USI on your behalf. If you are unsure if you have a USI, MPLCC are able to use the "Existing USI Search" tool on [www.usi.gov.au](http://www.usi.gov.au) to check.

Do you have a USI?	<input type="checkbox"/> Yes. If yes, provide number: _____ <input type="checkbox"/> No.
If you would like MPLCC to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <a href="https://www.usi.gov.au/training-organisations/usi-support-materials/privacy-notice-students-when-applying-usi-their-0">https://www.usi.gov.au/training-organisations/usi-support-materials/privacy-notice-students-when-applying-usi-their-0</a>	
I have read and understand the Privacy policy as below	<input type="checkbox"/> Yes <input type="checkbox"/> No

I [Name] \_\_\_\_\_, authorise

Merinda Park Learning & Community Centre Inc. to apply pursuant to sub-section 9(2) of the *Student Identifiers Act 2014*, for a USI on my behalf. I have read the privacy information and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <https://www.usi.gov.au/training-organisations/usi-support-materials/privacy-notice-students-when-applying-usi-their-0>. I authorise MPLCC to check my USI records before applying for a new USI.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Policy** - You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the *Student Identifiers Act 2014*.
- is collected by the Registrar for the purposes of:
  - applying for, verifying and giving a USI;
  - resolving problems with a USI; and
  - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
  - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
    - the purposes of administering and auditing VET, VET providers and VET programs;
    - education related policy and research purposes; and
    - to assist in determining eligibility for training subsidies;
  - VET Regulators to enable them to perform their VET regulatory functions;
  - VET Admission Bodies for the purposes of administering VET and VET programs;
  - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - researchers for education and training related research purposes;
  - any other person or agency that may be authorised or required by law to access the information;
  - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

### Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the [Registrar's Privacy Policy](#) or by contacting the Registrar on [usi@education.gov.au](mailto:usi@education.gov.au) or telephone 1300 857 536, international enquiries +61 2 6240 8740. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the *Privacy Act 1988*, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

In accordance of Section 11 of *Student Identifiers Act 2014*, MPLCC will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

## Marketing research

How did you hear about us? (Please tick)  Advertising  Word of Mouth  Web/Internet  Other

## Study Reason

**Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (tick only one box)**

**Employment Category:** Please tick

- |  |   |
|--|---|
| 01 <input type="checkbox"/> To get a job                     | 06 <input type="checkbox"/> It was a requirement of my job            |
| 02 <input type="checkbox"/> To develop my existing business  | 07 <input type="checkbox"/> I wanted extra skills for my job          |
| 03 <input type="checkbox"/> To start my own business         | 08 <input type="checkbox"/> To get into another course of study       |
| 04 <input type="checkbox"/> To try for a different career    | 12 <input type="checkbox"/> For personal interest or self-development |
| 05 <input type="checkbox"/> To get a better job or promotion | 11 <input type="checkbox"/> Other reasons                             |

## General Payment Information

Fees can be paid by Cash, Cheque or EFTPOS VISA/MasterCard. Fees can be paid over the phone with a Credit card or directly deposited into MPLCC bank account. Course/program costs are subject to change without notification.

## Payment for Accredited Courses

- A deposit is required on booking for a course/program. Concessions are available for some courses for eligible students.
- Programs are run subject to enrolment numbers.
- Accredited courses require a **non-refundable** deposit of \$200.00. (VCAL \$150)
- Students will be invoiced at the beginning of each semester or term. Students will sign up to a payment plan arrangement.
- NOTE: Where students are enrolled in courses by agencies assisting or advocating on behalf of those students and the agency is funded (usually by the Commonwealth) to assist those students and will be paying the fee, the full fee applies. NO CONCESSION APPLIES IN THIS CASE.

## Payment

### NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES

*(To be completed if student enrolling is not responsible for fees.)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Driver's Licence \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

*(Office use only)* Original Sighted: \_\_\_\_\_

Would you like to become a financial member or volunteer of Merinda Park Learning & Community Centre. The membership fee is \$5.00 per person per year. (Optional) Yes  No  Membership forms are available from reception or CEO.

### Please tick

Concession  Please show your concession card at reception

Conc. No. \_\_\_\_\_ Type \_\_\_\_\_ Copy taken :(office staff only) \_\_\_\_\_

## Applicant's Declaration and Privacy Statement – Victorian Government VET Student Enrolment Privacy Notice

### Student Enrolment Privacy Notice and Declaration

Under the *Data Provision Requirements 2012* MPLCC is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by **MPLCC** for statistical, regulatory and research purposes. **MPLCC** may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and the *Health Records Act 2001 (Vic)*.

**Collection of your data** – MPLCC is required to provide the Department with student and training activity data. This includes personal information collected in the MPLCC enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

MPLCC provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

**Use of your data** - The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by [RTO]; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

**Disclosure of your data** - As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

**Legal and Regulatory** - The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006 (Vic)*. The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014 (Cth)* and the *Student Identifiers Regulation 2014 (Cth)*.

**Survey participation** - You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988 (Cth)*, the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)). Please note you may opt out of the NCVER survey at the time of being contacted.

**Consequences of not providing your information** - Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

**Access, correction and complaints** - You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact MPLCC's Privacy Officer in the first instance by phone or email.

#### **Further information**

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

#### **Student Declaration and Consent**

- I acknowledge that I have read the *National VET Data and Victorian Government VET Student Enrolment Privacy Notice*.
- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

#### **Government Funding**

For applicants eligible for government subsidised training under the Skills First initiative, the following statements apply:

- I have completed the Skills First Evidence of Student Eligibility and Student Declaration form.
- I declare that I am an Australia Citizen; or a holder of a permanent visa; or a holder of a Special Category Visa (sub class 444, New Zealand); or an East Timorese Asylum Seeker; or a holder of a Temporary Protection Visa Holder; or a holder of a referral form from the Asylum Seeker Resource Centre confirming me as an "Asylum Seeker"; or a holder of a referral form from the Australian Red Cross confirming me as a Victim of Human Trafficking.
- I have been informed of the eligibility requirements for government subsidized training under the Skills First program, and a that receiving funding at this time may impact on any future entitlements.

In addition I understand and acknowledge that:

- providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/enrolment form may result in withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of MPLCC
- It is my responsibility to provide all relevant and required documentation.
- I **am not** a prisoner from the Judy Lazarus Transition Centre or a young person required to undertake a course of study pursuant to a community based order.
- I accept MPLCC Inc., Terms and Conditions as listed and included in the Student Handbook I have received.
- I authorise MPLCC to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for the Skills First funding.
- In accordance with VRQA regulator requirements all necessary documentation pertaining to your identity and qualification will be retained in your student file for 30 years.

Student's Name \_\_\_\_\_ (Please print)

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

#### **PART C: For applicants under the age of 18 at the time of enrolment, this form must be signed by a Parent/Guardian.**

As the Parent/Guardian of applicant identified above, I confirm that all information provided to confirm eligibility for government subsidised training is to the best of my knowledge true, correct and accurate.

Parent/Guardian's Name \_\_\_\_\_ (Please print)

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Details \_\_\_\_\_

# VCAL STUDENTS ONLY

## Parent Details

Does the child live with the mother? Yes  No

Does the child live with the father? Yes  No

MOTHER D.O.B ...../...../.....	FATHER D.O.B ...../...../.....
Name:	Name:
Address as per child or:	Address as per child or:
Telephones (H) ..... (W) .....	Telephones (H) ..... (W) .....
(Mobile) .....	(Mobile) .....
Country of birth	Country of birth
Language spoken at home	Language spoken at home
Occupation/name of employer .....	Occupation/name of employer .....
.....	.....
.....	.....

<b>GUARDIANS (if applicable)</b>	<b>GUARDIANS (if applicable)</b>
Name	Name
Address as per child or:	Address as per child or:
Telephones (H) ..... (W) .....	Telephones (H) ..... (W) .....
(Mobile) .....	(Mobile) .....
Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Court Orders

Are there any **court orders, parenting orders or parenting plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child or any other court orders relating to the child's residence or the child's contact with a parent or other person?

No → please go to the next section

Yes → please see instructions below

1. Please bring the **original** court order/s for staff to see and a copy to attach to this Enrolment Form. If these orders:

- a. Change the powers of a parent or guardian to:
  - Authorise the taking of the child outside MPLCC by a staff member of the Centre
  - Consent to the medical treatment of the child
  - Request or permit medication to the child
  - Collect the child from MPLCC and/or
- b. Give the powers to someone else. Please describe these changes and provide contact details of any person given these powers below:

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Please note unless a copy of these order or plans are provided to us we are unable to uphold the requirements.

**MEDICAL AND HEALTH INFORMATION**

Name of Doctor.....Telephone.....

Clinic Name .....

Full Address Doctor/Medical Service.....

Do you have Ambulance Cover? No  Yes

Subscription  Pension Fund  Health Fund  (please tick)

Does your child have any special needs? No  Yes  (please tick)

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need:

**ALLERGIES/SENSITIVITIES**

Does the child have any allergies or sensitivity? No  Yes  (please tick)

**If yes, please complete a Action Plan for Allergic Reactions**

**Anaphylaxis**

Has your child been diagnosed at risk of anaphylaxis? No  Yes

Does your child have an auto injection device (eg EpiPen or Anapen)? No  Yes

Has the Action Plan for Anaphylaxis been provided to the service? No  Yes

Has a risk management plan been completed by the service in consultation with you? No  Yes

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual Medical Management & Action Plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child’s enrolment form. More information is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

**Medical Conditions/Asthma**

Has your child been diagnosed with a medical condition / syndrome?(eg, asthma, ADHD, depression, anxiety,epilepsy, heart, kidney condition or other\*)  No  Yes (please tick)

**\*Other condition/s (please name all) .....**

**Is an action Plan required? Yes / No. If no, why not \_\_\_\_\_**

**If yes, please complete a Action Plan for a Medical Condition and/or Action Plan for Asthma.**

Does your child require regular or daily medication? No  Yes  At Home  At MPLCC  (please tick)

**If yes, please complete a Medication Authorisation Form and Medical Communication Plan**

Name of Medication .....

Prescribed for .....

Year / Date your child started taking this medication .....

Does your child have any dietary restrictions? No  Yes  (please tick)

**(eg: vegetarian, vegan, cultural. Does not include foods that cause allergies-see above)**

**If yes, the following restrictions apply: .....**

.....  
.....